## Hawai'i Civil Rights Commission Public Accommodations Pre Complaint Questionnaire Information

Submitting a Pre-Complaint Questionnaire is the first step in filing a discrimination complaint with the Hawai'i Civil Rights Commission (HCRC). After reviewing your Pre-Complaint Questionnaire, we will contact you for an intake interview and, where appropriate, provide assistance in filing a formal complaint.

The information you provide in the Pre-Complaint Questionnaire will be used to investigate your discrimination complaint. All information provided to us during an investigation is confidential and will not be disclosed EXCEPT:

- 1) where a court orders the disclosure;
- 2) where a notice of right to sue is issued and you choose to proceed to court; or
- 3) where there is an express statement or implied threat to commit a crime of violence.

All complaints must be filed with the HCRC within 180 days of:

- 1) the alleged discriminatory practice, or
- 2) the date of the most recent occurrence in a pattern of ongoing discrimination.

The HCRC does not have jurisdiction over complaints filed after the expiration of 180 days.

Under Hawai'i law, you may not file an action in state court alleging discrimination unless a complaint is first filed with the HCRC and we issue a notice of right to sue. You may request a right to sue letter at any time after filing a complaint. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.

You must contact the HCRC if you move, or change your address or telephone number. If we are unable to contact you, your case may be closed.

Please contact the HCRC if you would like help with the Pre-Complaint Questionnaire or if you require an accommodation. If English is not your first language, the HCRC will provide an interpreter at no cost to you.

If you live on Oahu call the HCRC by dialing: 586-8636 (Voice) or 586-8692 (TDD)

If you live on a Neighbor Island call the HCRC toll-free by dialing:

Kaua'i - 274-3141, ext 6-8636#

Maui - 984-2400, ext 6-8636# Hawai'i - 974-4000, ext 6-8636#

Hawai'i - 974-4000, ext. 6-8636# Lana'i & Moloka'i - 1-800-468-4644, ext. 6-8636#

Website: http://hawaii.gov/labor/here

## Grounds of Discrimination in Public Accommodations

Race Ancestry Religion Disability Color Sex

Sexual Orientation

## The Hawai'i Civil Rights Commission Is Here to Help...

If you believe you have been a victim of discrimination, you have the right to file a complaint with the Hawai'i Civil Rights Commission (HCRC). We are here to help.

- FILING A COMPLAINT You must file your complaint no later than 180 days from the last act of discrimination.
- INTAKE After you file a complaint, you will be interviewed by an intake investigator before 180-day timeline ends.
- COMPLAINT SERVED After the intake interview, we will serve a written complaint on the respondent(s), together with a request for a written reply to the complaint. You will also receive a copy of the complaint.
- INVESTIGATION After we receive a written reply from the respondent(s), the case will be assigned to an investigator. The investigation is a neutral and objective fact-finding process.
- **DECISION** After the investigation, we will decide if there is sufficient evidence of discrimination.
- NOTIFICATION You will receive our decision and information about your options under the law.
- MEDIATION AND PRE-DETERMINATION SETTLEMENT You can ask for mediation or pre-determination settlement at any time. In mediation, an impartial person helps the parties to resolve their differences. In pre-determination settlement, the parties resolve the differences between themselves. In pre-determination settlement, we can transmit settlement offers between the parties.
- RIGHT TO SUE You may ask for a right to sue letter, at any time. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.

## Hawai`i Civil Rights Commission Pre-Complaint Questionnaire - Public Accommodation

830 Punchbowl St., Rm. 411; Honolulu, HI 96813 TEL: 586-8636 FAX: 586-8655 TDD: 586-8692

**Directions:** Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation of discrimination.

		Date:	
n about you:			
Last	First	Middle Initial(s)	
Number/Street	City	Zip Code	
Home:	Work:		
Cell Phone:	Email:		
icity:	*Sex:		
o of Pirth:			
Relationship	Address	Phone	
hat discriminated again	st you:		
Number/Street	City	Zip Code	
Number/Street O`ahuKaua`i	City		
	Cell Phone:icity: e of Birth: phone/Address of a personal Relationship hat discriminated again	Last First  Number/Street City  Home: Work:  Cell Phone: Email:  icity: *Sex:  e of Birth:  phone/Address of a person to contact if we can't in the contact	

<ol> <li>I was discriminated against be (Check the protected basis)</li> </ol>	pecause of my:		
Race	Sex (male female pregnant)		
Color	Sexual Orientation		
Ancestry			
	Retaliation (opposed discrimination)		
Religion	Disability (physical mental) What is the disability:		
I. I was discriminated against I (Check the adverse action)	by being:		
Denied Goods	Denied Privileges		
Denied Services	Denied Advantages		
Denied Accommodations	Denied Facilities		
	Other (specify):		
(Must be within the past 180 days)  5. Name(s) and job title of the pe	rson who discriminated against you:		
. What reason was given to you	for the denial:		
How did you learn about the C	Civil Rights Commission:		

**Directions:** Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Dates of Discrimination	Continuation of the Dis	criminatory Adverse Actions re because of your protected basis)
A 48 18 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
losing Statement: I	declare under penalty of perju	ry that the forgoing is true and correct.
		and the second s
Signatu	re	Date

Witnesses Who Hav	Witnesses Who Have Evidence of the Discriminatory Adverse Actions ame Telephone (Home and Work) Address			
	- Comprising (Figure 2)	Address		